

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42 R1421.

5. LEASE DESIGNATION AND SERIAL NO.

NM 18846

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS **RECEIVED**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. ☒ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR **El Ran, Inc.**

3. ADDRESS OF OPERATOR **U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface **1603 Broadway, Lubbock, Texas 79401**

14. PERMIT NO. **Verbal**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4501.4 Gr.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
U. S.

9. WELL NO.
#4

10. FIELD AND POOL OR WILDCAT
Chaveroo (SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34, T7S, R32E

12. COUNTY OR PARISH **Roosevelt**

13. STATE **New Mexico**

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Running Casing			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

9/16/80 Surface casing set 1712' and cemented with 575 sacks common cement with 10# salt and 1/4# Flocele. Circulated 49 sacks to surface. Blowout preventor was installed and pressured to 1000# for 30 minutes.

9/23/80 Set 4 1/2" 10.5# casing to 4362' and cemented with 175 sacks 50-50 POZ Class "C".

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE **Agent**

DATE **9/23/80**

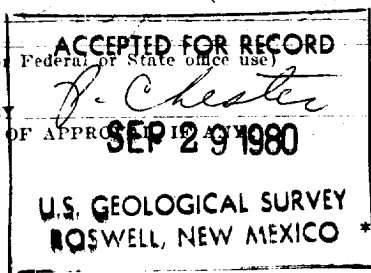
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL



*See Instructions on Reverse Side